

TOWN OF ROCKLAND Building Department 242 Union Street Rockland, MA 02370

APPLICATION / PERMIT FOR DEMOLITION

		Demolition Permit #	
Estimated Cost \$		Fee \$ Receipt #	
	Demolition & Site Clean up)	Application Date	
1.	Name & Address of Applicant / Agent		
2.	Name & Address of Owner:		
3.	Location of Property: Assessor's Map:	Lot #	
	Street Address:		
4.	Type of Building / Structure:	Dimensions:	
5.	Nature of Construction:	No. of Stories:	
6.	Residential or Accessory Building?	Commercial or Accessory?	
7.	Utilities to Structure: Check Applicable Boxes:		
	A. \square Electric B. \square Gas C. \square Sewer D	D. Water E. C. Other	
		a.m. / p.m(Signature of official)	
		a.m. / p.m(Signature of official)	
	C. Sewer / Septic: Date & time informed:	a.m. / p.m.	
	Released by:	(Signature of official)	
		a.m. / p.m.	
		Plumber(Signature of increases)	
		(Signature of inspector)	
		Date & time informed: Signature	
R	Proposed location and manner of disposal of demolition mate		
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a	(be specific)		
	Intended date for complete site cleaning:		
Sta	atement of applicant: I understand and affirm that I am responsi	ble for the proper completion of this demolition project.	
	Date Issued:		
	Approved:		
	Inspector of Buildings	Signature of Applicant/ Agent	